

Interdisciplinary Dialogues in Music, Health and Wellbeing: Difficulties, Challenges and Pitfalls

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In recent years, there has been an increased interest in interdisciplinary dialogue and collaboration within the area of music, health and wellbeing. This interest is reflected in, and has led to, collaborative practice and research initiatives, as well as emerging multi-professional networks and related conference themes. Interdisciplinary dialogue, however, remains a difficult task; it requires learning (and re-learning) of concepts, ways of thinking and practicing, while it is often underpinned by different (and, at times, competing) professional vocabularies, frameworks and agendas. Although these challenges create barriers to optimal interdisciplinary dialogue, they are rarely discussed. This paper explores some common difficulties, challenges and pitfalls in interdisciplinary dialogue, with the aim to identify emerging opportunities and areas for further mutual exchange and development within music, health and wellbeing. The paper brings together multiple perspectives of presenters from diverse professional backgrounds (including music therapy, psychology of music and community music). Based on examples from presenters' work and with a focus on the UK scene, the paper considers some difficulties, challenges and pitfalls in interdisciplinary dialogue with regard to five inter-related areas: 1) academic training of music and health practitioners, 2) interdisciplinary practice projects, 3) collaborative research, 4) academic publishing, and, 5) professional expectations. By exploring potential barriers to interdisciplinary dialogue, this paper will raise awareness of the difficulties, challenges and pitfalls involved. Looking ahead it will also point towards opportunities for development and highlight considerations for future collaborations in practice, research, and training.

Keywords: Interdisciplinary dialogue, challenges, music, health and wellbeing

Let's Talk About It...

Interdisciplinarity has been key since the early developments of contemporary fields such as music therapy, music education and psychology of music. The emergence of the hybrid music, health and wellbeing landscape (MacDonald, Kreutz, & Mitchell, 2012), however, has generated a renewed interest in interdisciplinary dialogue and collaboration between different music and health related practices, professions and disciplines. This renewed interest is reflected in, and has led to, collaborative practice and research projects (Ansdell & DeNora, 2016), multi-professional dialogues in the literature (Bonde et al., 2014; Darrow, 2013; Magee & Stewart, 2015; Malloch & Trevarthen, 2009; Miell, MacDonald & Hargreaves, 2005; O'Kelly, 2016), emerging mappings of the field (Bonde, 2011) as well as multi-professional networks (the Scottish Music & Health Network, the Nordic Network of Research in Music, Culture and Health) and related conferences (Sanfilippo & Spiro, 2016; Spiro & Schober, 2014).

Despite these developments, interdisciplinary dialogue remains a difficult task; it requires learning (and re-learning) of concepts as well as of ways of thinking and practicing. At the same time, interdisciplinary dialogue is often underpinned by different (and, at times, competing) professional vocabularies, frameworks and agendas. Although these challenges may create barriers to optimal interdisciplinary dialogue, they are rarely discussed. This is where this paper's aim lies. We seek to explore openly some of the difficulties, challenges and pitfalls which appear to be common in interdisciplinary dialogues within music, health and wellbeing. By exploring these, we hope to optimize future mutual exchanges and developments within this complex field of practices.

A Note on 'Interdisciplinarity' and Method

Interdisciplinarity is a process of integrating knowledge and methods from different disciplines. Drawing from Stember (1991), music researcher Jensenius (2012) argues that *inter*-disciplinarity highlights the *synthesis* of approaches – something that distinguishes *inter*- from *cross*- or *multi*-disciplinarity. At the same time, the *inter*- seems to call for the maintenance and mutual enriching of multiple frameworks and perspectives.

The unity of intellectual frameworks beyond disciplinary perspectives, which is seen in *trans*-disciplinary initiatives, can lead to the emergence of new fields and disciplinary spaces.

Although knowledge and methods can be integrated by individual professionals who draw from different disciplines, initiatives tend to be *framed* as 'interdisciplinary' when these involve people, practices and/or institutions with different disciplinary or professional identities. These identities are often defined externally by professional associations and regulatory bodies, such as the Health and Care Professions Council (HCPC), the regulatory body for music therapists in the UK.

Interdisciplinarity can be performed in diverse ways and serve different purposes including not only bridging and confronting disciplinary approaches (Huutoniemi et al., 2010). In this context, it is useful to think about multiple *interdisciplinarity*s which vary:

“[...] from simple borrowings and methodological thickening to theoretical enrichment, converging sites, and a general shift ... to new ‘cross-’, ‘counter-’, and ‘antidisciplinary’ positions that front the problem of how meaning is produced, maintained, and deconstructed.” (Klein, 1996, p. 153)

This is where *synthesis* – as a “distinguishing but elusive characteristic” of interdisciplinarity (Newell, 2001) – meets *complexity*. Indeed, complex systems theory offers a framework for conceptualizing as well as evaluating interdisciplinarity and its inherent integration of multiple perspectives.

In line with the synthesizing and complex nature of interdisciplinarity, we draw in this paper on different perspectives from our diverse professional backgrounds to include music therapy, psychology of music and community music. Based on our varied engagements in interdisciplinary initiatives and with an emphasis on the UK scene, the paper considers some difficulties, challenges and pitfalls in interdisciplinary dialogue within five inter-related areas: 1) academic training of music and health practitioners, 2) interdisciplinary practice projects, 3) collaborative research, 4) academic publishing, and, 5) professional expectations. Our explorations within each area are rooted respectively in our experiences within five different contexts: 1) a Masters music therapy program (*Queen Margaret University*, Edinburgh, www.qmu.ac.uk, where Derrington is Program Leader), 2) a music organization for people with disabilities (*Drake Music Scotland*, www.drakemusicscotland.org where Sparkes is Artistic Director), 3) an interdisciplinary research team based within a music therapy organization (*Nordoff Robbins*, www.nordoff-robbins.org.uk, where Spiro is Head of Research), 4) an interdisciplinary peer-reviewed Journal of Music Therapy (*Approaches*, www.approaches.gr, where Tsiris is the Editor-in-Chief), and, 5) an interdisciplinary network of music and health practitioners and researchers (*The Scottish Music and Health Network*, www.smhn.hss.ed.ac.uk, where Wilson is the Manager).

Five Areas of Interdisciplinary Dialogue

Academic Training of Music and Health Practitioners

In 2015, music therapy students at Queen Margaret University, Edinburgh (QMU) voted unanimously in favor of new, proposed shared modules with Art Psychotherapy. They responded positively to the prospect of creative, collaborative projects not only between arts therapists but also with colleagues in the wider music and health community and welcomed the shared, open, reflexive practice the changes would engender. Situated within the School of Health Sciences, the Master’s program has huge potential for interdisciplinary projects, teaching and research. In the UK, few other arts therapies programs offer joint modules for students so this was a bold new direction for Arts Therapies’ training in Scotland.

The new modules create an interdisciplinary awareness and discourse which is vital in contributing to students’ understanding of the work of other health care professionals both in theory and practice. Changing the culture of practice at this level of learning is crucial in fostering mutual exchange which can then lead to joint working in the field. However, this does not come without certain challenges.

Is a fast-track, two-year music therapy program too short? Despite successful teaching exchanges between music therapy and community music, both art and music therapy students call for even greater collaboration e.g. cross-discipline interpersonal learning and clinical supervision groups. Whilst ways of interdisciplinary teaching have been well documented (e.g. Twyford & Watson, 2008; Odell-Miller & Richards, 2009; Laahs & Derrington, 2016) suggestions need to be carefully managed by teaching staff, to ensure that each pre-registration professional program adheres to subject specific Standards of Proficiency and Standards of Education (HCPC, 2013; 2014) within the time constraints of a two-year fast-track Master's program. The program cannot cover every aspect of music therapy, so it is inevitably difficult to get the right balance of teaching to include research from other disciplines using music.

Does diversity in teaching create confusion and uncertainty in students? Music therapy practitioners come from a range of different trainings and it is only natural that lecturers from different clinical backgrounds place importance on different aspects of teaching. It is crucial that, in running a new program, we ensure that teaching builds on the research and clinical practice of individual lecturers so that students are shown how music therapy practice can respond and evolve as a profession. With this existing diversity, what kind of teaching from other disciplines from music in health should we also be offering and to what extent?

There are enough people in need, but are there enough jobs? The opportunities for cross-modality teaching and learning should improve communication and increase understanding of different disciplines and approaches. However, the same opportunities can lead to competition within the limited financial and employment landscape. With greater breadth of teaching, program attract more students, which in turn leads to more graduates, so competition for employment intensifies.

Arts therapists need to be outward thinking to move forward. Music therapy students' enriched experience alongside broader teaching, offers opportunities for skill-sharing, joint projects, shared thinking, and opens up wider possibilities for research. This creative and open culture needs to become embedded in practice at the same time as ongoing dialogue between educators and with students acknowledges and addresses the challenges of interdisciplinary working.

Interdisciplinary Practice Projects

Drake Music Scotland is a leading UK charity creating opportunities for children and adults with disabilities to play, learn, perform and compose music. We run creative projects with schools, day centers, higher and further education institutions, venues and performing arts companies. These projects often include a performance element.

Successful partnerships between professional musicians and teachers result in high quality experiences – both Music Education and Music as a Performing Art. This is a natural progression and one enshrined in the Curriculum for Excellence.

There are many different perspectives in any collaboration and this can be both a strength and a potential source of confusion and conflict. Here the focus is on school projects and the

collaboration between teachers and musicians and a few observations are outlined below drawing from experience of difficulties, challenges and pitfalls that may occur (but certainly not always):

Different comfort levels with risk and creative freedom: Open-ended and experimental, perhaps speculative and risky approaches can be very challenging for teachers to embrace even if they recognize the value of these approaches. Likewise, teachers' strong focus on individual development, pedagogical methods and a need to document, plan and reach curriculum targets may create conflicts that affect the productive collaboration if a performance or recording is included.

Musician as a guest/visitor in the school: There can be a difficulty for the visiting musician to feel welcome in the school, feeling that they are imposing or even imposed on the pupils and staff. Sometimes a project or program of work can seem more like an imposition than a welcome additional opportunity.

Low expectations: A criticism that is sometimes levelled at current UK education systems: targets are set low to be sure of success. A willingness to embrace risks and uncertainty is an important quality in contemporary life and ambitious goals (e.g. professional quality performance) can be something that the visiting musician is in a unique position (and has the freedom) to champion for pupils and teachers.

Time-scales: Time is often a big issue as it can often take years of regular input for significant outcomes to be demonstrably achieved. Does the project funding put pressure on tangible results/performances before sufficient confidence and skill has been developed? This is also a direct impact from lack of available or sustained funding leading to curtailed or short-term initiatives.

Different viewpoints and lack of empathy: Teachers and support staff are often struggling to manage a wide-ranging and sometimes poorly resourced service. On the other hand, project musicians are sometimes single-focus and not appreciative of the wider contexts and challenges in school that may affect different aspects of a creative project.

The apparent dichotomy of 'process' vs. 'product': How can both be nurtured at the same time? This is a balancing act that concerns both teachers and musicians. Pitfalls can be avoided and difficulties reduced if:

- There is a sufficient number of productive meetings and discussions before, during and after projects. With all the main stakeholders involved and with outcomes agreed by all.
- The visiting musician is carefully assigned; they need to be a confident individual who is also able to be sensitive and empathetic to the situation and needs of the school or center.
- The role of the teacher and the role of the musician is established as equally important without occupying opposite poles; teachers are often very creative and musicians can be excellent teachers.

- Confidence to welcome risk as a vital part of the creative process and as part of the learning process.

Collaborative Research

Interdisciplinary dialogues in research in music, health and wellbeing can involve many different groups and different types of combinations of people. Each combination brings its own opportunities and challenges. Given that so many fields are relevant to music therapy and music making, at the Nordoff Robbins research team which is based in a music therapy charity, we emphasize interdisciplinary work in a number of ways. We have a range of expertise within the team (music therapy practice and research, music psychology and sociology), we carry out collaborative projects with partners in different disciplines and we run collaborative events to encourage interdisciplinary dialogue.

More generally in research in music therapy, in some cases, the contribution of interdisciplinary work is in the domain of theory or methods. For example, music in health researchers may search out theoretical or methodological approaches to help understand or explore phenomena they observe. In the process of collaboration new such approaches may be developed (Ansdell & DeNora, 2016; Spiro & Himberg, 2016). In other cases, interdisciplinary work and interdisciplinary dialogue allows for incorporation of knowledge about, for example, how the mind, brain and/or body might work in different contexts (Fancourt, Ockelford, & Belai, 2014; Nombela, Hughes, Owen, & Grahn, 2013). In some interdisciplinary dialogue, though there are often alignments, there may be differences in assumptions, approaches and priorities (Spiro & Schober, 2014). Three examples of differences are:

Assumptions about what is important or interesting as a research focus. Researchers and practitioners from different backgrounds often work towards different goals. Music in health practitioners often need to focus in the moment on their clients or participants, whether or not the systematic research that some people desire has been carried out. Some researchers focus on the variety in musical activity. Others, though there is growing awareness that individual differences are important, look for generalizable understanding.

Approaches to what counts as needed and a trustworthy support of claims. Preferences regarding whose views are important, what kinds of measures are relevant and respected, and where and how information is collected may differ. For example, for some the claim that music helps in particular ways requires the systematic comparison of outcome (often using validated measures) of groups that have had a music intervention and those that have not, such as seen in randomized controlled trials. For others, the claim that music helps in particular ways requires getting to know all those involved in the process through, for example, ethnographic approaches of immersing oneself in particular settings and carrying out interviews (other examples are provided in Spiro and Schober, 2014). These differences are, of course, not unique to interdisciplinary dialogue in music in health contexts, but they wind their way through much multidisciplinary work and they are an important backdrop to many dialogues.

Uses of terms. Different words can be used to mean similar things and the same words can be used to mean different things. Or put more subtly, when it comes to research, different

aspects of the same idea or phenomenon may be prioritized. Examples range from the most commonly used to the most specialized in the field. For some, when it comes to studying music in health, individual components are prioritized (its rhythmic characteristics for example) for others, 'music' is broader, not limited even to its sonic properties but to its social and cultural ones. This can lead to assumptions about difference in opinion or, indeed, assumptions of similarity where there is not complete overlap, each of which can take a long time to unpick (more examples are provided in Spiro and Schober, 2014).

Differences like these affect the extent to which investigators see work as relevant and engage in open dialogue. Communities often include a wide spectrum of approaches and people from the same field may not agree on more than people from different fields. The most straightforward dialogue is likely between people who have similar judgments. People who understand each other's underlying reasons for research and recognize the limitations of their own approaches are more likely to benefit from collaborative research (Spiro & Schober, 2014). Initiatives that begin from interdisciplinary dialogue open the door for research that uses the strengths of each field and practice.

Academic Publishing

Dialogue lies at the heart of academic publishing. And the focus here is not on the communication between authors and readers, but on the 'behind-the-scenes' dialogue between authors, reviewers and editors. This dialogue is part of an 'invisible college' (Bunt & Stige, 2014) which questions, shapes and eventually legitimizes certain ways of theorizing and communicating knowledge (Tsiris et al., 2014).

Peer-reviewed journals offer respected arenas within and in-between disciplines where such dialogues are performed. Journals are more than places where 'finished products' are simply being published. They offer arenas for knowledge exchange and negotiations which are essential to knowledge development and they influence future developments in the field. Drawing from the experience of *Approaches: An Interdisciplinary Journal of Music Therapy*, some challenges in interdisciplinary dialogue within the context of academic publishing are explored.

Openness and reflexivity in the review process. A journal's commitment to interdisciplinary dialogue is reflected in its ethos, publications, partnerships as well as in the synthesis of its editorial team. The ongoing challenge, however, lies in ensuring that the journal's values are filtered and communicated throughout its peer-review processes which are often 'blind'. As part of ensuring the quality of publications appearing in journals, the review process as a dialogue between authors, reviewers and editors offers a 'stress test' for the paper and aims to help authors to strengthen their own arguments. The review process can be seen as a place for rehearsing and sharpening ideas and ways of communicating these ideas. Experience shows that rigid checklists and review criteria are problematic as these unavoidably emerge from specific traditions which do not accommodate the plurality of ways of knowing. Moving beyond such criteria that are often imposed upon authors and reviewers, there is a move towards review *agendas* which promote 'reflexive dialogue' instead of 'rule-based judgment' (e.g. Stige, Malterud & Midtgarden, 2009). Such agendas require no consensus regarding ontological,

epistemological or methodological assumptions. They do require, however, openness to questioning, dialogue and mutual (re-)learning.

Professional agendas and priorities. Disciplinary dialogues are often charged by professional histories, identities and agendas. Thus, further complexities in interdisciplinary dialogue emerge when journals are managed and published by professional bodies (Tsiris & Procter, 2009). To what extent can such journals remain open and step beyond competing professional priorities, boundaries and roles? What voices are enabled or silenced in certain publications, by whom and why? Disciplinary openness is generally praised (Nissani, 1997), but it can be perceived as a threat especially in places where professionals are fighting for recognition and basic professional rights. To what extent, for example, can the Hellenic music therapy community foster inter-disciplinary dialogue when the standards and boundaries of the profession are not protected by the State? Journals may afford fuzziness around professional boundaries which can emerge from interdisciplinary dialogues. This fuzziness, however, may have a different impact (which may be confusing or even threatening) on the practitioners and the service-users on the ground. The need for sensitivity towards such issues was highlighted in the preparation of Approaches' special issue on *Music Therapy in Europe* (Ridder & Tsiris, 2015) where the varied paths of professional development of music therapy were interwoven with each country's socio-economic and political situation.

Hospitality and mutual change. Seeing journals as 'hosts', one can question 'To what extent are journals *hospitable hosts* for authors?' In addition to offering dialectical review processes, hospitality is fostered when a generous space for *mutual* exchange and change of hosts and guests is provided (Frank, 2004). In this space, ideas, values and practices are developed, exchanged, refracted, examined, challenged and sometimes discarded. This is where authors, reviewers and editors need the courage to step back for a while and re-think without estranging the other.

Professional Expectations

The Scottish Music and Health Network (SMHN), launched in 2014, brings together over 220 researchers, health professionals, and music practitioners with distinct priorities. Their knowledge exchange forums have articulated some key issues reflecting differing professional expectations.

How can social or health policy agendas be reconciled with musical or educational objectives? The range of musical activity believed to influence wellbeing goes beyond the clinical realm of music therapy (MacDonald, Kreutz, & Mitchell 2012). Community music may have primarily or entirely musical or educational objectives, but deliver health or social benefits crucial to professionals in other sectors. Yet musicians or teachers facilitating singing or rhythmic activities may not view these as interventions to be valued, or tested for cost-effectiveness, primarily in health terms; they may experience frustration at evaluating work whose value they need no convincing of.

How can we ask and answer research questions about specific effects of music on health? For healthcare providers and commissioners, evidence-based medicine creates an

expectation that specific effects can be translated into clinical guidelines (Darzi, 2008; McDermott et al. 2015) A doctor arranging care for a given patient must assess, for instance, whether a local choir might deliver the same benefits as a choir elsewhere run on different lines by a different musician. For researchers, this entails analyzing a broad music activity into component parts, and standardizing their delivery to test them (Michie et al. 2011). Those delivering music activities, however, may see it as misleading to evaluate aspects rather than the whole program, or resist standardization if they seek to address individual musical needs across a community.

How can we capture impacts beyond medical models alone? Quality standards reflect a reductionist or disease-focused approach aligned with quantitative approaches (Stokes 2013). Those delivering music activities may perceive broad health benefits less amenable to objective measurement, given the strong relationships that almost inevitably form. In particular, professionals have argued that the effectiveness of music therapy cannot be captured in narrow quantifiable outcomes (Wigram & Gold 2012). Many health professionals active in SMHN sought a more a holistic approach to patients' needs. The multi-layered influence of music-making is more readily framed within the biopsychosocial model (MacDonald, Kreutz, & Mitchell 2012), but researchers may endorse both qualitative and quantitative approaches to demonstrate health impacts fully.

How can we conduct long term research into benefits? Time frames are an issue. Health professionals' priorities may be with patients' immediate wellbeing, while researchers rarely get more than a year or two to pursue research projects. Yet music practitioners presented approaches at SMHN that developed through years of interaction with an individual or group, or expected to show effects many years hence. Complex, resource-intensive research may be required to capture such effects (Harkins 2014).

While this summarizes attitudes across a spectrum, greater communication on these issues between health, music and research practitioners can enhance the design, success and impact of research into music for wellbeing. This might lead to more effective use of existing data to support smaller research plans; the availability of a common toolkit of robust and relevant outcome measures; heightening understanding of all aspects of a music intervention; or helping bridge the gap between theory and practice.

Looking Forward: Who Cares and Why Bother?

Drawing from different contexts and examples within five inter-related areas of interdisciplinary dialogue, a number of challenges have been identified. These challenges – many of which overlap – are complex and we do not attempt to give simple answers to them but to outline how these challenges may manifest themselves in different contexts, aiming to consider some ways forward.

Despite its appeal and current popularity, interdisciplinary collaboration should not be an end in itself and it is not imperative for 'good' work. However, the reflexivity, openness and synthesis of breadth of knowledge – as essential ingredients of constructive interdisciplinary dialogue and work – are considered crucial components of music and health initiatives which promote a

respectful and integrated understanding not only of how music might work in different contexts, but also of our own frames and ways of knowing.

For polyphonic dialogues in music, health and wellbeing to flourish (Tsiris, 2013), practitioners and professional fields are challenged to re-consider their identities, practices and prevailing paradigms. In this context, resilience is needed for balancing the required openness of interdisciplinary dialogue with the ‘stress tests’ that such openness brings to established professional identities, knowledge frames and ways of practicing. This balancing act calls for a constant process of re-professionalization (Ansdell & Pavlicevic, 2008) where intellectual curiosity and prosperity develop hand-in-hand with a sensitivity towards the potential implications of interdisciplinary initiatives for the people who benefit from music and health practices. Whether or not this challenge is welcomed by different professionals, the hybrid and emergent nature of the music, health and wellbeing field is certain.

“What will be the impact of the growing consilience on the currently separate practices, disciplines, and professions (such as music therapy, community music, music education)? Are we on the brink of a ‘field-shift’, one that would re-orientate each of the separate players into a more shared territory and direction for the future? It seems to me that the over-arching academic and practice-based field of ‘people and music’ has certainly been shaken up in the last ten years – but that it is yet to settle in any clear way [...]” (Ansdell, 2014, p.6)

Within the uncertainty that comes with interdisciplinary dialogue, music’s power to bring change in people’s health and wellbeing is a common denominator in a diverse grid of professional practices and disciplinary perspectives (Tsiris, 2013). The polyprismatic understanding of this common denominator forms the basis for fruitful dialogue and development of different practices and fields which are not independent entities but mutually defined parts of a constantly evolving system.

Looking ahead we consider interdisciplinary dialogues to be key in questioning, refining and expanding our understanding of the multiplicity and diversity of music and health practices, vocabularies, agendas and traditions. In turn, this process may help with the seemingly ever present challenges of articulating the diverse practices and approaches within and around different professional fields of music, health and wellbeing. Most importantly, this process of questioning, refining and expanding our understanding will develop novel academic training, practices, research, publishing, and professional expectations in music, health and wellbeing. Interdisciplinary dialogue – together with an openness towards its difficulties, challenges and pitfalls – emerges as a vital component for the optimal growth of knowledge in music, health and wellbeing with implications for the sustainability and social accountability of the field.

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